

# PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

10/055194

## CLAIMS AS AMENDED - PART II

SAFE

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY OR

OTHER THAN  
SMALL ENTITY

| AMENDMENT                                                               | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|-------------------------------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|------------------|
| Total                                                                   | 28                                        | Minus | 35                                          | = 7              |
| Independent                                                             | 4                                         | Minus | 7                                           | = 3              |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                           |       |                                             |                  |

| RATE                | ADDI-<br>TIONAL<br>FEE | OR | RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ =               |                        | OR | X\$ =               |                        |
| X =                 |                        | OR | X =                 |                        |
| + =                 |                        | OR | + =                 |                        |
| TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |

3-30-05

9/6/05

| AMENDMENT                                                               | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|-------------------------------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|------------------|
| Total                                                                   | 26                                        | Minus | 35                                          | = 9              |
| Independent                                                             | 4                                         | Minus | 7                                           | = 3              |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                           |       |                                             |                  |

| RATE                | ADDI-<br>TIONAL<br>FEE | OR | RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ =               |                        | OR | X\$ =               |                        |
| X =                 |                        | OR | X =                 |                        |
| + =                 |                        | OR | + =                 |                        |
| TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |

RCE filed  
2/2/06

| AMENDMENT                                                               | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|-------------------------------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|------------------|
| Total                                                                   | 26                                        | Minus | 35                                          | = 9              |
| Independent                                                             | 4                                         | Minus | 7                                           | = 3              |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                           |       |                                             |                  |

| RATE                | ADDI-<br>TIONAL<br>FEE | OR | RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ =               |                        | OR | X\$ =               |                        |
| X =                 |                        | OR | X =                 |                        |
| + =                 |                        | OR | + =                 |                        |
| TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |

| AMENDMENT                                                               | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|-------------------------------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|------------------|
| Total                                                                   |                                           | Minus |                                             | =                |
| Independent                                                             |                                           | Minus |                                             | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                           |       |                                             |                  |

| RATE                | ADDI-<br>TIONAL<br>FEE | OR | RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ =               |                        | OR | X\$ =               |                        |
| X =                 |                        | OR | X =                 |                        |
| + =                 |                        | OR | + =                 |                        |
| TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.